



891 Graham Rd Ste C • Cuyahoga Falls, OH 44221
877.622.3533 • Fax 234.407.4007
 mabeldental.com

Dr. Name _____ Phone # _____ **RETURNY BY 5 P.M. ON** _____ Allow 10 in-lab days

Address _____ Email _____

Patient Name _____ Male Female Age _____
First Last

ENCLOSED WITH CASE: Impressions Models Bite Photos Other: _____

Email case photos to: **support@mabeldental.com**

Designing the Smile with the Patient

Snap-On Smile® will add a minimum of .5mm - .75mm of buccal and lingual thickness and at least .5mm of occlusal thickness.

1. Tooth Numbers What tooth numbers does the appliance cover?

Upper Appliance: Tooth# _____ to # _____
 Lower Appliance: Tooth# _____ to # _____

2. Tooth Length Provide the desired length of teeth.

Discuss all of these options with the patient.

- #8 _____ mm, #9 _____ mm Design laterals _____ mm shorter vs. the centrals.
 The average length for a central is 10-11mm.
- #24 _____ mm, #25 _____ mm Design laterals _____ mm shorter vs. the centrals.
 The average length for lower centrals is 7-8mm.
 Appliance will always add at least 1mm in length to natural teeth.

3. Alignment

- Enhance the alignment. (Lab default)
 - Enhancement is often the best choice vs. ideal alignment to avoid bulky and oversized teeth.
- Idealize the alignment.
 - All teeth are brought out to be in alignment with the most prominent anterior tooth.
 Caution: using the most prominent tooth as the guide can sometimes add too much bulk.
 Review the most prominent tooth and determine consequences of bulk to align. An improvement/esthetic enhancement may be the better choice.
- Keep existing alignment — keep bulk and size of the teeth to a minimum.

4. Occlusion

- Leave an anterior open centric — minimize lingual bulk on the maxillary teeth and/or lower anterior flare, thickness and length.(Lab default)
- Establish or maintain anterior centric occlusion — this may cause the lingual of the anterior teeth to be bulky. When making an upper and lower appliance, the lower anteriors may have to be flared and lengthened facially to maintain centric occlusion, which the patient may not tolerate.

5. Vita Shade __ A1 __ A2 __ A3.5 __ B1 __ Pink __ Bleach Shade

DR SIGNATURE _____

6. V.D.O. (Open patient's bite)

- Please design with posterior occlusal holes to minimize the bite opening. (There are limited cases where occlusal holes can be placed without weakening the appliance.)
- Yes, open the bite _____ mm in the anterior or posterior. (5mm is the Lab default)

7. Shape

- Natural* – Existing shape and form maintained, restoration that mimics nature (Lab default)
- Hollywood – Changes the original form and shape. Generally follows Golden Proportions.




8. Gingival Margins

- No changes — follow patient's existing tissue margins. (Lab default)
- Lengthen the gingival margins on tooth/teeth # _____
- Stop at height of contour # _____

9. Extraction

- No extractions
- The following teeth will be extracted # _____

10. Pontic Design (Check one)

- | | | |
|---|---|---|
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <input type="checkbox"/> Full Ridge (default) | <input type="checkbox"/> Saddle | <input type="checkbox"/> Ovate |

11. Appliance Selection (Partial arch available for 5 or fewer teeth)

- Edentulous spans with 2 abutments > 22mm and < 40mm (Full Arch)
- Correcting severe buccal inclinations, misalignment, crooked teeth
- Malocclusion, bruxers, multiple missing teeth, crossbite
- Appropriate for certain Class III bites (underbites)
- Embedded Implants (up to 3)

Limited retention: Master model may be altered to include retention buttons with corresponding stint.



IN-LAB WORKING TIMES

Please allow full working time for each product selected.
Working times are NOT guaranteed and do NOT include weekends, or holidays.

Each case requires **10 in-lab business days**.

Time of pick-up and delivery may affect turnaround time.

Social Media

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TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX AND DISCOVER.

TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. *Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.* Prices subject to change without notice. Rx must be enclosed with original case submission.

LIMITED WARRANTY/LIMITATION OF LIABILITY:

For warranty terms and conditions and limitation of liability, visit [mabeldental.com/policies-and-warranty/](https://www.mabeldental.com/policies-and-warranty/)

Snap-On Smile® Indications

A Snap-On Smile® can be indicated for either or both arches of any patient lacking confidence in his or her smile for the following reasons:

- Missing teeth
- Uneven spacing
- Irregularly sized or shaped, yet otherwise healthy teeth
- Discolored teeth
- Collapsed vertical dimension

*Snap-On Smile® is a registered trademark of DenMat Holdings, LLC.